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City of Costa Mesa, Treasury Management Division

APPLICATION FOR FIREWORKS PERMIT

Phone: (714) 754-5235

THIS DOCUMENT IS CONSIDERED A PUBLIC RECORD SUBJECT TO DISCLOSURE UNDER THE PUBLIC RECORDS REQUEST ACT.

PLEASE PRINT OR TYPE

ORGANIZATION:

Name: NHHS Boys Baseball

Permit #: _____

Date Organized: 2002

Mailing Address: 2212 HOLIDAY RD, NEWPORT BEACH, CA 92660

Principal and Permanent Meeting Place: NHHS 600 IRVINE AVE NEWPORT BEACH CA 92663

OFFICERS:

Name: GREGG CRANDELL Home Address: 2212 HOLIDAY RD, NEWPORT BEACH, CA 92660

Name: _____ Home Address: _____

Location of Fireworks Stand: 253 E. 17TH ST (CAFE RIO)

State Sales Tax Permit No.: 102-926193 State Fire Marshal's License No.: W001B00

Wholesaler or Distributor from whom the retailer proposes to purchase fireworks for sale:

Name: PHANTOM FIREWORKS

Address: 2023 CHICAGO AVE B13, RIVERSIDE, CA 92507

The manner, method and times; and how applicant proposes to sell "safe and sane" fireworks:

IN APPROVED BOOTH FROM 6/30 TO 7/4

Responsible adult who will deal with City in all matters for this permit:

Name: GREGG CRANDELL Phone: 949-584-3377

Address: 2212 HOLIDAY RD, NEWPORT BEACH, CA 92660

Email: GREGGCCRANDELL@YAHOO.COM

I declare under penalty of perjury that, this organization is a bona fide non-profit organization, as recognized by the State of California that was formed to benefit the youth and students of the City of Costa Mesa, with its principal and permanent meeting place within the City of Costa Mesa. Permit applicants may be asked by the Director of Finance to submit information to verify statements made on the application form. ANY APPLICANT WHO IS UNABLE TO VERIFY SUCH STATEMENTS MAY BE DISQUALIFIED FROM OBTAINING A PERMIT.

Authorized Signature: Gregg Crandell

Date: 5-23-2016

Title: Baseball Booster Board Member

FOR TREASURY MANAGEMENT DIVISION USE ONLY

Date Received: _____ Receipt Number: _____

Public liability and property insurance certificate required in a minimum amount of \$1,000,000 combined single limit, naming the City of Costa Mesa as additional insured.

Policy Number: _____

City of Costa Mesa, Treasury Management Division
FIREWORK STAND APPLICATION REQUIREMENTS

The Costa Mesa Municipal Code contains regulations governing the issuance of fireworks permits and the discharge of fireworks. These regulations are found in Sections 9-179 through 9-190. The City Council has also adopted Council Policy 400-2 (revised 02/19/13), which imposes additional regulations governing the sale and discharge of fireworks (copy attached).

Applications must be filed before **June 1** of the calendar year for which permit is sought. The following requirements must also be met:

SCHOOL APPLICANTS

1. High School applicants must attach a letter from the school's Principal certifying the applicant is a recognized organization supporting school activities and must certify that the organization is a tax exempt charity or non-profit organization under state and federal law in good standing or approved Newport Mesa Unified School District entity under direct control of the school.
2. Copy of temporary Seller's Permit from the State Board of Equalization
3. Copy of State Fire Marshal Retail Fireworks License
4. Original insurance certification naming the City of Costa Mesa as additional insured
5. Copy of site plan which must be approved by Building & Safety, Traffic Engineering and the Fire Department

NON-SCHOOL APPLICANTS

1. Copy of Articles of Incorporation (including amendments)
2. Copy of By-Laws
3. Current roster of officers/directors which includes name, address, and telephone number
4. Current roster of members which includes name, address, and age
5. Copies of tax exempt status from the Internal Revenue Service and the State Franchise Tax Board
6. Copy of temporary Seller's Permit from the State Board of Equalization
7. Copy of State Fire Marshal Retail Fireworks License
8. Original insurance certification naming the City of Costa Mesa as additional insured
9. Copy of site plan which must be approved by Building & Safety, Traffic Engineering and the Fire Department

FIRE DEPARTMENT (714) 327-7400: Each Fireworks Stand will be inspected for fire-safe conditions during the time of occupancy, and a final inspection will be conducted in order to release the deposit for clean-up. Fireworks Stands are to be cleaned up before midnight of July 7th.

BUILDING & SAFETY DIVISION (714) 754-5273: An Electrical Permit must be obtained from the City of Costa Mesa prior to the performance of any electrical work.

TRAFFIC ENGINEERING (714) 754-5323: Site plan must be approved in relation to possible interruption of traffic.

APPROVED

Fire Department:

Date:

Building & Safety:

Date:

Transportation Svcs:

Date:



5-31-16



5-31-16



Newport Harbor High School

A California Distinguished School

600 Irvine Avenue • Newport Beach, CA 92663

Phone (949) 515-6300 • Fax (949) 515-6370

Phone (949) 515-6306 • Fax (949) 515-6396



Sean Boulton
Principal

Jack Cusick
Assistant Principal

Jennifer Hays
Assistant Principal

Mike Sciacca
Assistant Principal

May 27, 2016

To: The City of Costa Mesa
Cc: Scott Paxson, Big Bear Fireworks
Re: Firework Stand Application Requirements

In reference to the requirements of the application for School Organizations to operate Fireworks Stands as fundraising events:

Please be advised that the Newport Harbor High School programs listed below fall within the umbrella of the Newport-Mesa Unified School District. The NMUSD is a non-profit public school district and has a tax-exempt status from the Internal Revenue Service and the State Franchise Tax Board.

I certify that the following applicants for the fireworks booths in 2016 are recognized as organizations that support school activities at Newport Harbor High School. I also certify that the organizations are tax-exempt charities or non-profit organizations under state and federal law in good standing and are recognized as school-connected organizations.

- ✓ 1. Newport Harbor High School Baseball
2. Newport Harbor High School Girls' Basketball
3. Newport Harbor High School Football
4. Newport Harbor High School Roller Hockey

Sincerely,

Jack D. Cusick
Assistant Principal

CALIFORNIA STATE BOARD OF EQUALIZATION

TEMPORARY SELLER'S PERMIT

Valid 06/30/2016 through 07/04/2016



ACCOUNT NUMBER

SR EA 102-926193

NHHS BASEBALL
253 E 17TH ST
COSTA MESA, CA 92627-3870

NOTICE TO PERMITTEE:
You are required to obey all Federal and State laws that regulate or control your business. This permit does not allow you to do otherwise.

IS HEREBY AUTHORIZED PURSUANT TO SALES AND USE TAX LAW TO ENGAGE IN THE BUSINESS OF SELLING TANGIBLE PERSONAL PROPERTY AT THE ABOVE LOCATION. THIS PERMIT IS VALID FOR THE PERIODS SHOWN AND IS NOT TRANSFERABLE.

**For general tax questions, please call our Customer Service Center at 1-800-400-7115 (TTY:711).
For information on your rights, contact the Taxpayers' Rights Advocate office at 1-888-324-2798 or 1-916-324-2798.**

BOE-442-ST REV. 5 (11-14)

A MESSAGE TO OUR NEW PERMIT HOLDER

As a seller, you have rights and responsibilities under the Sales and Use Tax Law. In order to assist you in your endeavor and to better understand the law, we offer the following sources of help:

- Visiting our website at www.boe.ca.gov
- Visiting a field office
- Attending a Basic Sales and Use Tax Law class offered at one of our field offices
- Sending your questions in writing to any one of our offices
- Calling our toll-free Customer Service Center at 1-800-400-7115 (TTY:711)

As a seller, you have the right to issue resale certificates for merchandise that you intend to resell. You also have the responsibility of not misusing resale certificates. While the sales tax is imposed upon the retailer,

- You have the right to seek reimbursement of the tax from your customer
- You are responsible for filing and paying your sales and use tax returns timely
- You have the right to be treated in a fair and equitable manner by the employees of the California State Board of Equalization (BOE)
- You are responsible for following the regulations set forth by the BOE

As a seller, you are expected to maintain the normal books and records of a prudent businessperson. You are required to maintain these books and records for no less than four years, and make them available for inspection by a BOE representative when requested. You are also expected to notify us if you are buying, selling, adding a location, or discontinuing your business, adding or dropping a partner, officer, or member, or when you are moving any or all of your business locations. If it becomes necessary to surrender this permit, you should only do so by mailing it to a BOE office, or giving it to a BOE representative.

If you would like to know more about your rights as a taxpayer, or if you are unable to resolve an issue with the BOE, please contact the Taxpayers' Rights Advocate office for help by calling toll-free, 1-888-324-2798 or 1-916-324-2798. Their fax number is 1-916-323-3319.

Please post this permit at the address for which it was issued and at a location visible to your customers.

CALIFORNIA STATE BOARD OF EQUALIZATION
Sales and Use Tax Department



Index 5942
PCA 59420
Source Code 125700-06

**OFFICE OF THE STATE FIRE MARSHAL
RETAIL FIREWORKS LICENSE APPLICATION**
(Print or Type)

Complete and return all copies to the office nearest stand location with the required fee of \$50.00.
APPLICATIONS MUST BE RECEIVED PRIOR TO JUNE 15 OF THE CURRENT YEAR.

1131 S Street
Sacramento, CA 95811
(916) 445-8373

RETAIL FIREWORKS LICENSE

Licensee	NHHS BASEBALL
Stand Location	253 E. 17TH ST.
City, State & Zip	COSTA MESA, CA 92627
County	ORANGE
LOCAL CONTACT PERSON	
Name	SCOTT PAXSON
Phone ()	909-786-7799

**-Notice-
COPY OF THIS NOTICE MUST BE POSTED AT STAND
WITH A COPY OF THE LOCAL PERMIT**

A validated license has been issued to this organization shown above for the sale of Safe and Sane fireworks at the location indicated. After a permit has been issued by the authority having jurisdiction this license allows the sale of only classified "Safe and Sane" fireworks at the approved location from NOON, JUNE 28 to NOON, JULY 6, of the year indicated. **NOTE:** Retail licensees are required to be at least 21 years of age, employees of fireworks stands must be at least 18 and fireworks may not be sold to anyone under the age of 16.

MAILING ADDRESS OF LICENSEE

Name	NHHS BASEBALL
Address	2023 CHICAGO AVE. B-13
City, State & Zip	RIVERSIDE, CA 92507



FIRE AUTHORITY HAVING JURISDICTION

Fire Dept.	COSTA MESA FIRE DEPARTMENT
Address	P.O. BOX 1200
City, State & Zip	COSTA MESA, CA 92628

Signature of Applicant
Jahayra Solis
Signature of Applicant
FEBRUARY 17, 2016
Date



CERTIFICATE OF LIABILITY INSURANCE

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DATE (MM/DD/YYYY)
2/19/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Britton-Gallagher and Associates, Inc. One Cleveland Center, Floor 30 1375 East 9th Street Cleveland OH 44114	CONTACT NAME: PHONE (A/C. No. Ext): 216-658-7100 FAX (A/C. No.): 216-658-7101 E-MAIL ADDRESS: info@brittongallagher.com	
	INSURER(S) AFFORDING COVERAGE INSURER A : Everest Indemnity Insurance Co. 10851 INSURER B : Maxum Indemnity Company 26743 INSURER C : Axis Surplus Ins Company 26620 INSURER D : INSURER E : INSURER F :	NAIC #

COVERAGES **CERTIFICATE NUMBER: 544596992** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Non-Owned Stand <input type="checkbox"/> End't Included GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC			SI8GL00643-151	10/30/2015	10/30/2016	EACH OCCURRENCE	\$1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$500,000
							MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	\$2,000,000
							PRODUCTS - COMP/OP AGG	\$2,000,000
								\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
B	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			EXC6025343-02	10/30/2015	10/30/2016	EACH OCCURRENCE	\$4,000,000
							AGGREGATE	\$4,000,000
								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						WC STATUTORY LIMITS	OTHER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
C	Excess Liability #2			EAU784017	10/30/2015	10/30/2016	Each Occ/ Aggregate	\$5,000,000
							Total Limits	\$10,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
The Certificate Holders are named as Additional Insureds with respect to General Liability as required by written contract subject to policy terms, conditions and exclusions.
Group: NHHS Baseball
Location: 253 E. 17th St. Costa Mesa CA 92627
Municipality: The City Of Costa Mesa, its officers, agent, officials, employees, and volunteers, when acting in their official capacity as such.

CERTIFICATE HOLDER NHHS Baseball 253 E. 17th st Costa Mesa CA 92627	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 

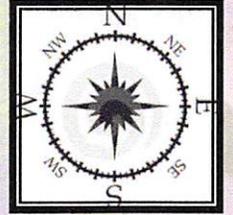
Phantom Fireworks

DATE 2016

ANCHOR: CAFÉ RIO

ACCOUNT MANAGER: Scott Paxson

CONTACT NUMBER: 909-786-7799



STAND Year: 2016

CITY : COSTA MESA

ORGANIZATION : NHHS BASEBALL

SIZE: 8*32

METAL: XX WOOD:

ADDRESS : 253 E. 17TH ST

INTERSECTION : 17TH & PARKING LOT

SPECIAL INSTRUCTIONS: PLACE ON MARKS.

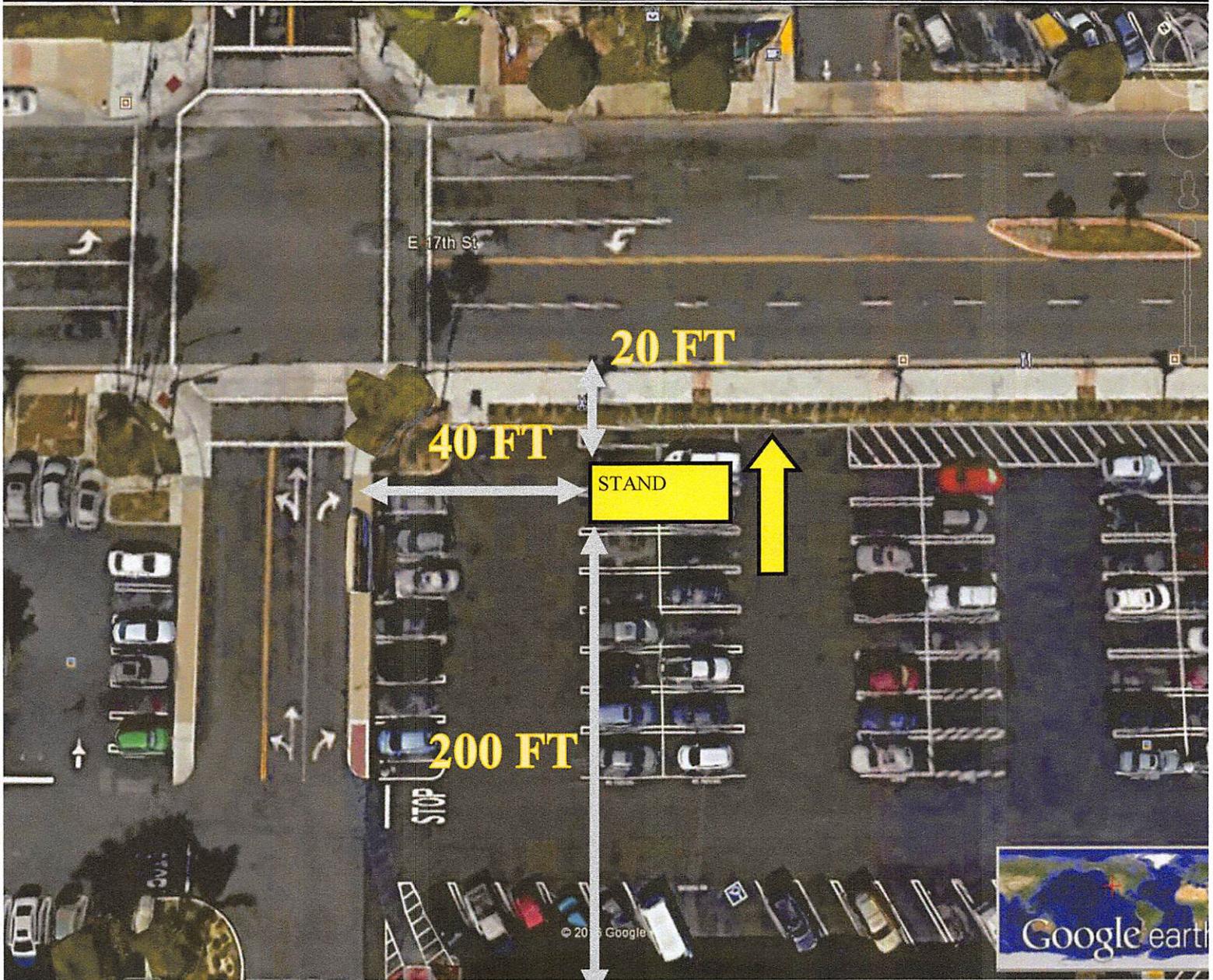
SETBACKS- CURBS

20 FT

SIDEWALKS

10 FT

BUILDINGS 200 FT



Property Permission Use

TO: CITY CLERK, LOCAL FIRE AGENCY AND / OR OTHER INTERESTED PARTIES:

THE UNDERSIGNED, OWNER AND / OR CONTROLLING PARTY, OF THE PROPERTY LISTED BELOW HEREBY GRANTS PERMISSION TO:

NHHS Boys Baseball

AND BIG BEAR "PHANTOM" FIREWORKS CO., INC., THE USE OF THE PROPERTY LOCATED AT:

253 17th Street

APN# _____

CITY OF _____

Costa Mesa

COUNTY OF _____

Orange

FOR THE 2016 FIREWORKS SEASON.

THE ORGANIZATION AND / OR BIG BEAR "PHANTOM" FIREWORKS CO., INC., AGREE TO SEE THAT THE PROPERTY LISTED ABOVE WILL BE CLEARED OF ALL STANDS AND REFUSE WITHIN _____ 1 _____ DAYS OF THE CLOSE OF THE SEASON. Remove by 8am July 5th

Bill Moss

NAME- PLEASE PRINT

(PROPERTY OWNER / CONTROLLER OF PROPERTY)

Bill Moss

SIGNATURE

DATE

8-31-15

AT _____

PROPERTY OWNER: PLEASE INDICATE BELOW THE NAME OF THE ADDITIONAL INSURED AND HOW YOU WOULD PREFER YOUR CERTIFICATE OF INSURANCE TO BE READ.

ADDITIONAL INSURED: _____

CERTIFICATE OF INSURANCE TO BE MAILED TO:

Bill Moss

253 17th Street, LLC

P.O. Box 420082

San Diego, CA 92142

PHONE:

858-458-5986

CERTIFICATE OF INSURANCE WILL BE MAILED PRIOR TO ERECTING OF STANDS AND THE SALE OF ANY MERCHANDISE.

BIG BEAR "PHANTOM" FIREWORKS COMPANY
2023 Chicago Ave., Suite B13
Riverside, CA 92507
951-680-9796